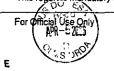
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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 9279

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2005 Inrough: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Michael Mueller	Name IBEW Local Union 494			
	Labor Organization File Number 040-471			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 6039 Glenwood Drive	Street 3303 S. 103rd Street			
City Greendale	City Milwaukee			
State Wisconsin ZIP Code + 4 53129-1565	State Wisconcin ZIP Code + 4 53227-4108			
5. Position in labor organization. Business Representative				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or inclinately had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				

5	Sigr	natu	ITE

ZIP Code + 4

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Wichael Muellie	On	3/21/2005	414-327-5202		
/ '		Date	Telephone Number		

Street

City

State

File Number U-

P.O. Box, Bldg., Room No., if any P.O. Box 14277 Street 115 South 84th Street, Suite 110 \$76,013 11.b. Approximate dollar value of such dealing. Milwaukee 12.a. Nature of interest held or income received. Conference Logistics, Food, Lodging and Activities State Wisconsin ZIP Coda + 4 53214-1473

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant ?

Trade Name, if any:

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